

# Montana Department of Justice/Gambling Control Division

## MANUFACTURER'S ACCESS LIST

(Print or Type)

_____ Manufacturer's Name	_____/_____/_____ Date	_____ Distributor's Name
_____ Street Address	_____ Manufacturer's License Number	_____ Street Address
_____, _____, _____ City, State, Zip Code		_____, _____, _____ City, State, Zip Code
_____ Mailing Address		_____ Mailing Address
_____, _____, _____ City, State, Zip Code		_____, _____, _____ City, State, Zip Code
(_____)_____-_____ Voice Number		(_____)_____-_____ Voice Number
(_____)_____-_____ Fax Number		(_____)_____-_____ Fax Number

### PERSONS AUTHORIZED TO COMMUNICATE ON BEHALF OF THE LICENSEE FOR MACHINE TESTING PURPOSES

<u>Name</u>	<u>Position</u>	<u>Email Address</u>	<u>Voice Number</u>
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____

I affirm that only the person(s) identified above are authorized to discuss and/or modify our devices and/or modifications in/with/for the Gambling Control Division, Technical Services Section personnel. I acknowledge it is the responsibility of the licensee to remit an updated Access List when any changes occur. Access Lists must be signed, dated and notarized by the licensee or an officer of the corporation.

_____ Signature of Licensee/Officer	_____ Printed Name of Signee	_____ Title	_____/_____/_____ Date
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**NOTARY**

**SEAL**

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 personally appeared \_\_\_\_\_  
 before me a notary Public for the State of \_\_\_\_\_  
 \_\_\_\_\_ (Notary Signature)  
 \_\_\_\_\_ (Print Name of Notary)  
 My Commission Expires \_\_\_\_\_ (Month, Day & Four Digit Year)